

Work Order ID 88724

88724

Page 1

Tuesday, July 31, 2012 3:01:23 PM

Item ID: D350-604-041

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Rear Locker Extender

Stop ***NS2***

Start Date: 7/31/2012 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 8/24/2012 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: P Date: 12-07-31 Tooling: _____

Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____

Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D2273	F
D350-604-041	B

100

0.00

100

DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels per PPP D350-604-041

CHG003 for D2273 rev.E (new gelcoat)

CHG004 for D2273 rev.F (new primer)

110

0.00

110

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 17583

Description: D350-604-041 Rear locker extender.

Supplier: Delastek.

Certification of Conformity and process sheet from Delastek is required.

4 x 2600-6 Camlock stud - Ship to Delastek B 122335

4 x 2600-LW Retaining washers - Ship to Delastek B 121524

SCRAP

12-07-31

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	---	--	---

Work Order ID 88724***88724***

Page 2

Tuesday, July 31, 2012 3:01:23 PM

Item ID: D350-604-041

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Rear Locker Extender

Start Date: 7/31/2012 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 8/24/2012 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

120

Receive & Inspect for Damage & Mat'l Certs

0.00

120

Packaging

Packaging

Memo

0.00

Packaging

Ensure a copy of Certification of Conformity and process sheet from Delastek is attached.

1x
SP
12-8-13

130

QC5- Inspect part completeness to step on W/O

0.00

130

QC

Memo

0.00

Quality Control

Check hole locations to template. DT 8824 Check process sheet and audit.

140

0.00

140

Small Fab

Memo

0.00

Small Fab

INSTALL DECALS AS PER DWG

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	---	--	---

Work Order ID 88724

Tuesday, July 31, 2012 3:01:23 PM

88724

Page 3

Item ID: D350-604-041

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Rear Locker Extender

Start Date: 7/31/2012 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 8/24/2012 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	QC5- Inspect part completeness to step on W/O	0.00							
150									
QC	Memo	0.00							
Quality Control									
160		0.00							
160	Packaging								
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D350-604-041								
	Location: _____								
	PPP Rev: _____								
170	QC21- Final Inspection - Work Order Release	0.00							
170									
QC	Memo	0.00							
Quality Control									

CY 12/08/30

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

Tuesday, July 31, 2012 3:01:55 PM

Page 1

Work Order ID: 88724

88724

Parent Item: D350-604-041

D350-604-041

Parent Item Name: Rear Locker Extender

Start Date: 7/31/2012

Required Date: 8/24/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:Q03.12.01ReformatKJ/RF IPP REV:R
12.02.07 AS PER ECN12-521 DD verf:JLM IPP REV:S 12.04.04
AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

D2269		Manufactured	No				Each	36.0000		1			
-------	--	--------------	----	--	--	--	------	---------	--	---	--	--	--

D2269

Decal

Location

Loc Qty

Loc Code

ST007

32

80011

20

86944

12

ST009

4

78920

4

2600-6

Purchased

No

110

Each

391.0000

4

4

2600-6

Camlock Stud

Location

Loc Qty

Loc Code

ST380

391

120077

8

121556

4

122317

34

122335

145

122441

200

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

Tuesday, July 31, 2012 3:01:55 PM

Page 2

Work Order ID: 88724

88724

Parent Item: D350-604-041

D350-604-041

Parent Item Name: Rear Locker Extender

Start Date: 7/31/2012

Required Date: 8/24/2012

Start Qty: 1.00

Required Qty: 1.00

2600-LW

Purchased

No

110

Each

515.0000

4

4

2600-1 W

Camloc Retaining Washer

Location

Loc Qty

Loc Code

380

200

122452

200

ST380

312

121524

112

122317

200

ST381

1

121287

1

ST398

2

120648

2

D350-604-041P

Purchased

No

110

Each

3.0000

1

1

D350-604-041P

Rear Locker Extender

Location

Loc Qty

Loc Code

CA

3

87193

1

87194

1

87196

1

D2268

Manufactured

No

140

Each

41.0000

1

1

D2268

Decal

Location

Loc Qty

Loc Code

ST007

20

80010

20

ST009

21

69592

2

78908

7

86752

12

Tuesday, July 31, 2012 3:01:55 PM

Shop Packet Print

Page 2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO17583

Purchase Order Date 7/31/12

PO Print Date 8/09/12

Page Number 2 of 3

Order From :

VU-SOL001

SOLVE COMPOSITES
29 DISTRIBUTION WAY, SUITE 101
PLATTSBURGH, NEW YORK 12901
UNITED STATES OF AMERICA

Contact Name		Buyer	Brigitte Golden
Vendor Phone	518-324-3838	Requisition Nbr	
Vendor Fax	518-324-5530	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	USD
		FOB	Destination-Collect

D350-604-041P	Rear Locker Extender	8/24/12	✓ 1.00	FedEx PI collect	\$315.0000	\$315.00
		Yes	Each			

Special Inst: SAME AS ABOVE
B#88727

D350-604-041P	Rear Locker Extender	8/24/12	✓ 1.00	FedEx PI collect	\$315.0000	\$315.00
		Yes	Each			

Special Inst: SAME AS ABOVE
B#88726

D350-604-041P	Rear Locker Extender	8/24/12	✓ 1.00	FedEx PI collect	\$315.0000	\$315.00
		Yes	Each			

Special Inst: SAME AS ABOVE
B#88725

D350-604-041P	Rear Locker Extender	8/24/12	✓ 1.00	FedEx PI collect	\$315.0000	\$315.00
		Yes	Each			

Special Inst: SAME AS ABOVE
B#88724

D350-604-041P	Rear Locker Extender	8/24/12	✓ 1.00	FedEx PI collect	\$315.0000	\$315.00
		Yes	Each			

Special Inst: SAME AS ABOVE
B#88723

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required YES NO

Change Nbr: 5

Change Date: 8/09/12

SP 12-8-13

This invoice must be completed in English

COMMERCIAL INVOICE

EXPORTER : Tax ID# : Contact Name : Alisa Langille Telephone No. : 5183243838 E-Mail : solvecomposites@hotmail.com Company Name/Address : Solve Composites 29 Distribution Way Suite 101 Plattsburgh NY 12901 Country : United States Parties to Transaction: <input type="checkbox"/> Related <input type="checkbox"/> Non-Related Payment Terms : Purpose of Shipment : Commercial	<div style="border: 1px solid black; height: 150px; width: 100%; margin-bottom: 10px;"></div> Ship Date : 10 Aug, 2012 Air Waybill No. / Tracking No. / Bill of Lading : 798720600933 Invoice No. : Purchase Order No. : SOLD TO (if different from Consignee) : <input checked="" type="checkbox"/> Same as CONSIGNEE : Tax ID# : Company Name/Address : Country :																							
CONSIGNEE : Tax ID# : Contact Name : Linda Lacelle Telephone No. : 6136325200 E-Mail : Company Name/Address : Dart Aerospace 1270 ABERDEEN ST HAWKESBURY ON K6A1K7 Country : Canada	Country :																							
If there is a designated broker for this shipment, please provide contact information Name of Broker Tel No. Contact Name Duties and Taxes Payable by <input type="checkbox"/> Exporter <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other If Other, please specify																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No. of Packages</th> <th style="width: 10%;">No. of Units</th> <th style="width: 10%;">Unit of Measure</th> <th style="width: 30%;">Description of Goods</th> <th style="width: 15%;">Harmonized Tariff Number</th> <th style="width: 10%;">Country of Origin</th> <th style="width: 15%;">Unit Value</th> <th style="width: 10%;">Total Value</th> </tr> </thead> <tbody> <tr> <td>3.00</td> <td>THM</td> <td>Commercial - fiberglass panel</td> <td>701939100000</td> <td>US</td> <td>250.000000</td> <td>750.00</td> </tr> <tr> <td colspan="6">Total No. of Packages : 3</td> <td colspan="2">Total Weight (Indicate LBS or KGS) : 150.00-lbs</td> </tr> </tbody> </table>		No. of Packages	No. of Units	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Origin	Unit Value	Total Value	3.00	THM	Commercial - fiberglass panel	701939100000	US	250.000000	750.00	Total No. of Packages : 3						Total Weight (Indicate LBS or KGS) : 150.00-lbs	
No. of Packages	No. of Units	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Origin	Unit Value	Total Value																	
3.00	THM	Commercial - fiberglass panel	701939100000	US	250.000000	750.00																		
Total No. of Packages : 3						Total Weight (Indicate LBS or KGS) : 150.00-lbs																		
Special Instructions : Declaration Statement(s) : These commodities, technology, or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to United States law is prohibited. I declare that all the information contained in this invoice to be true and correct Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual :						Incoterms : FCA/FOB Subtotal : 750.00 Insurance : 0.00 Freight : 0.00 Packing : 0.00 Handling : 0.00 Other : 0.00 Invoice Total : 750.00 Currency Code : USD																		
Signature / Title / Date						10 Aug, 2012																		



Certificate of Conformance

Solve Composites

29 Distribution Way

Plattsburgh, New York, 12901

USA

Dart Aerospace Order Number: 17583

Part Number: D2273

Quantity: 1

Drawing Number: D2273, DT8020

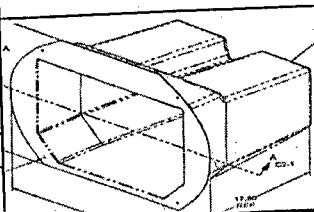
Serial Number (s): 0012

Date: August 10, 2012

Non-Conformances: None

This is to certify that the parts identified above conform to all applicable drawings and/or specifications as evidenced by reports on file, and that all other purchase order and quality requirements have been met.

Jerry Rexell

Solve Composites		29 Distribution Way, Suite 101 Plattsburgh, NY 12901 Tel: (518) 324-3838 Fax: (518) 324-5530		Isometric View 
Date	8/10/12	Project	NovaBus	
Resin Batch #	4605B	Job	DART	
Gel-Coat Batch #	5X3887			
NOVA Drg No.	D2273 Rev. F	Serial #	0012	
Panel Ref.	350 REAR LOCKER EXTENDER			

Chantal Lavoie

From: Jerry Reyell <JReyell@solvecomposites.com>
Sent: August 14, 2012 7:13 AM
To: 'Isam El-Kassis'
Cc: 'Chantal Lavoie'; 'Melanie Fauteux '; 'Eric Downing'
Subject: RE: shipment # 13422

Return using RMA 821.

Jerry Reyell
Project Manager
Solve Composites
29 Distribution way
Suite 101
Plattsburgh, NY 12901
518-324-3838
Extension 105

From: Isam El-Kassis [<mailto:ielkassis@dartaero.com>]
Sent: Monday, August 13, 2012 3:46 PM
To: 'Jerry Reyell'
Cc: Chantal Lavoie; 'Melanie Fauteux '; 'Eric Downing'
Subject: RE: shipment # 13422
Importance: High

Hi Jerry,

Please provide me with RMA for returning the three received today Rear lockers, three of them 'been rejected.(lockers # 0011, 012 & 013), we fixed 0010 ourselves. Also try to find a sticker that goes on for part control.

Please have more control over the shipped parts to us, it is not practical for both of us to keep on returning the parts to you if they do not conform to our drawing or as per spec.

Thank you,

Isam

From: Isam El-Kassis [<mailto:ielkassis@dartaero.com>]
Sent: Monday, August 13, 2012 1:51 PM
To: 'Jerry Reyell' (JReyell@solvecomposites.com)
Subject: FW: shipment # 13422
Importance: High

Hi Jerry,

FYI,
I've sent Alisa this email, but she is on vacation I believe, could you please take care of this issue for me,

Also, just received a note from our Qc, the other two lockers we received they have a very thin Gelcoat, the drawing we sent you specify the thickness of the gelcoat, please do not reduce the amount of gelcoat now we have three questioned lockers, one is to be returned for sure and the other two we will be cleaning them if this did not work then we will return the three at the same time.

Thank you

Isam

From: Isam El-Kassis [<mailto:ielkassis@dartaero.com>]
Sent: Monday, August 13, 2012 12:59 PM
To: Alisa Langille (alangille@solvecomposites.com)
Cc: Alisa Langille (alangille@aol.com)
Subject: shipment # 13422
Importance: High

Hi Alisa,

We received the three rear lockers now, unfortunately the repaired one from RMA 820 is not good, it shows clearly that there is a kind of hole in it, it has to be camouflaged completely therefore, we will not accept it as is right now, we need to return it, please provide RMA for this part (old RMA # 820)

Regards,

Isam El-Kassis
Director of Operations



T(613)-632-5200-ext. 231
C(514) 463-7574
F(613) 632-1053
ielkassis@dartaero.com



Please consider your environmental responsibility before printing this e-mail

The information contained in this transmission is privileged and confidential and intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are hereby notified that any distribution, copying, disclosure or taking of any action in reliance on the contents of this transmission is strictly prohibited and review by any individual other than the intended recipient shall not constitute waiver of privilege. If you have received this transmission in error, please notify me immediately and delete the original transmission.

Solve Composites
29 Distribution Way Suite 101
Plattsburgh NY 12091 USA
Tel: 518-324-3838
Fax: 518-324-5531

RECEIVED AUG 28 2012

Credit Memo

Sold Dart Aerospace
To: 1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Ship Dart Aerospace
To: 1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Invoice Number:	CN 00001	Salesman:	UNKNOWN....
Invoice Date:	08/14/12	Terms:	Net 30 Days
Customer:	DART	PO Number:	17583

RMA# 821

<u>am</u>	<u>Quantity</u>	<u>Description</u>	<u>Revision</u>	<u>Unit Price</u>	<u>Amount</u>
1	3	D350-604-041P - D350-604-041P Rear Locker Extender	F	-\$315.0300 / EA	-\$945.09
					Sub-total: -\$945.09
					Sales Tax: \$0.00
					Shipped Via Fedex Freight: \$0.00
					Invoice Total: -\$945.09
					Paid To Date: \$0.00
					Balance Due: <i>CL</i> -\$945.09